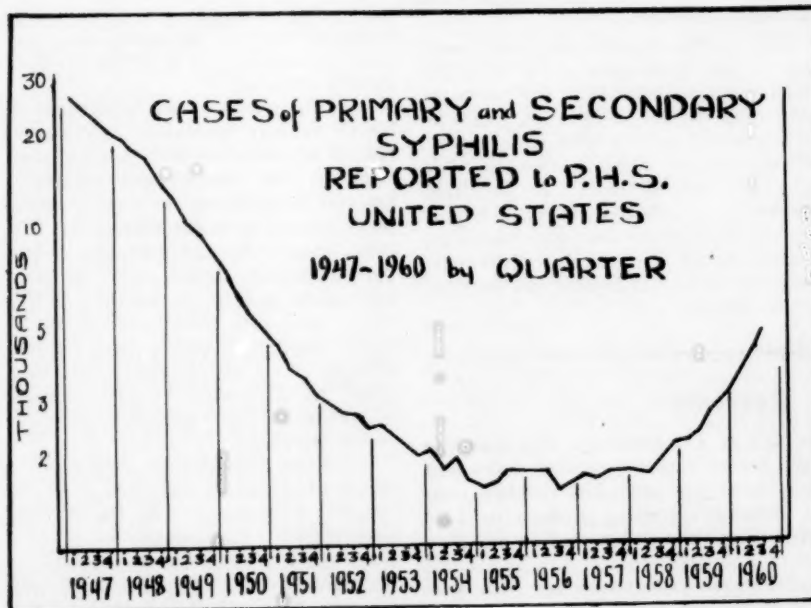


## Statement Recommends \$10 Million To Combat Sharp Syphilis Rise



Trend in cases of early infectious syphilis reported in the U. S. is sharply up since the second quarter of 1958. New data on hand indicate over 20,000 cases this fiscal year.

A Federal appropriation of ten million dollars to help State and local health departments combat the continuing sharp rise in early infectious syphilis and to initiate a program of massive reduction in syphilis is recommended in *A Joint Statement On Today's Venereal Disease Control Problems*. The Statement was prepared and released by the American Venereal Disease Association, the Association of State and Territorial Health Officers and the American Social Health Association.

The current Federal appropriation is \$5.7 million. The additional \$4.3 million recommended "would provide \$3 million for personnel needed to staff VD programs in areas presently con-

sidered to be inadequately covered" and \$1.3 million to initiate a "massive reduction program" aimed at eliminating syphilis as a public health hazard.

The Statement was developed from information provided by health departments of 50 states, 2 territories, 2 counties, the District of Columbia and 91 cities in the U. S. and 2 cities in Canada with populations over 100,000.

Early infectious syphilis has risen 53% in the fiscal year 1960 over fiscal 1959, with first quarter figures for fiscal 1961 (July-September) showing a 72.2% rise over the same quarter in the previous fiscal year. This is

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## T. Lefoy Richman Named Projects Co-ordinator For Health Commission

T. Lefoy Richman, Associate Executive Director of the American Social Health Association, has been named Projects Co-ordinator for the National Commission on Community Health Services. Mr. Richman began work on his new assignment March 15.

The Commission, which will not be fully operative for another year, has been brought to its present blueprint stage by the joint efforts of the American Public Health Association, the National Health Council, and the U. S. Public Health Service.

The major objective of the Commission is to obtain and analyze information on community health services and the need for them. This will be accomplished through a national survey. The survey will identify the full range of community health services needed to meet the requirements of the American people, to identify community resources for health, to explore possibilities for more effective organization of community health resources, and to provide a sound basis for action in obtaining the needed services.

Results of the national survey are expected to be presented to the public through a major Conference on Community Health Services within the next three years.

As Project Co-ordinator, Mr. Richman will have major responsibility for developing working plans of the Commission from existing plans and reports and for promoting the National Commission and its program. He will be concerned with planning and operation of the National Conference, and he will be expected to prepare the final report of the Conference.

Mr. Richman came to the American Social Health Association as Associate Executive Director in 1955. He has had primary responsibility for the Division

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## HEALTH OFFICERS REPORT VD CURRICULA ABSENT IN HALF OF U. S. PUBLIC SCHOOLS

Public school curricula in fewer than half the states provide instruction that includes Venereal Diseases and only 12 states indicate that such instruction is included in parochial school curricula, according to the 8th Annual Joint Statement on Today's Venereal Disease Control Problem.

The statistics are based on replies from health departments of all 50 states.

The Statement shows that 22 states are reported to include VD instruction, while 24 do not, with 4 states "indicating some VD education in public schools." VD instruction is provided in parochial schools in 12 states and is not provided in parochial schools in 26 states. Seven states indicate "some" VD instruction, with five states having no data on parochial school instruction.

That "nearly half the states . . . are teaching something in some courses about Venereal Disease is encouraging," the Statement notes. Several health officers replying to the Statement cite the "need for a model VD curriculum for use in the schools." Others point out the need for compe-

tent personnel to develop VD curricula, while one health officer observes that many of the schools in his area "make like an ostrich" when the problem of venereal disease instruction arises.

That 25 states are unable to provide data on the nature and content of VD instruction is noted as "significant." "If, as we suspect," the Statement reads, "the education effort against venereal disease is basic to the success of all other efforts, then it is an unhappy circumstance when half the states and one-third of the cities contributing to the Statement are not able to provide data on the extent and nature of VD education in the schools of their jurisdictions."

City health departments contributing to the Statement show that VD instruction is included in the curricula of public schools in 44 cities, while 36 city systems do not include it. Seven cities indicate some instruction, and one city has no data. In 19 cities, parochial schools included VD instruction in their curricula, while parochial schools in 50 cities do not. Two cities indicate some VD instruction in parochial schools.

## VD Control Hampered by Homosexuals; Named as Problem Group

Sixteen city health officers named homosexuals as a group creating special demands on their VD programs. Only military personnel were named as a problem group more often (21 times), according to the 8th Annual Joint Statement On Today's VD Control Problem.

Six state health officers cited homosexuals. On the state level, homosexuals ranked fifth in frequency of mention as a specific group that created special demands on state VD programs. Mr. T. Lefoy Richman, ASHA Associate Executive Director, also pointed out that "homosexuals were often named as a contributing factor to state VD problems while not being mentioned as a group creating special demands."

"Highly promiscuous, sometimes of above average mentality, and always fearful of ostracism and/or legal punishment, the homosexual (male or female) complicates the control problem," according to the Statement. One state health officer, for example, cites the homosexual as the source of "one-fifth of all infectious syphilis in [his state] from July 1958 to the present," while another observes that "homosexuals in all age groups contributed most" to the state's "52.5% increase in primary and secondary syphilis cases reported."

"The homosexual's promiscuity raises his exposure risk, and, with increasing frequency, he comes into the epidemiologic pattern as a sexual contact," the Statement notes. This is underscored by state health officers who reported 25 outbreaks of venereal disease during fiscal year 1960. Five of these outbreaks involved homosexuals. City health officers reported 18 other outbreaks. Two involved homosexuals—one, almost exclusively.

## A Year Of Decision

Clearly, 1961 is to be a year of decision in VD control. The trend in early infectious syphilis, which during the mid-fifties maintained a tenuous stability at roughly 6.5 thousand cases reported per year, has climbed consistently in the past three years to the present alarming plateau of 12.4 thousand cases. Gonorrhea has increased during the same period from 216.4 thousand cases to 246.7 thousand cases.

Infectious VD (early infectious syphilis and gonorrhea) has increased consistently among teenagers—from 48.9 thousand cases reported in 1957 to 53.9 thousand in 1958 to 55.7 thousand in 1959, the latest year in which such data are available.

There has also been a consistent year-by-year increase in the number of states and cities reporting rise in early infectious syphilis—from 8 states and 11 major cities in 1953 to 33 states and 63 cities in 1960. Half the Health Directors in the country think the increases are due primarily to actual rise in incidence, with an assist from better casefinding and reporting.

In state after state, and in many of our large cities, epidemics of early infectious syphilis have been noted and reported in the public press.

Based on the knowledge we now have about VD (and it is considerable) the decision to "go for broke" to eliminate syphilis as a public health hazard makes sense to the experts. In January of this year, the Surgeon General's National Advisory Committee on Venereal Disease urged the "launching of a program of massive reduction in syphilis beginning in fiscal year 1962, and accenting increased research, increased casefinding, increased private physician co-operation and special assistance to the education efforts of schools and voluntary agencies."

The Joint Statement, with its recommendation for a Federal budget of \$10 million for VD control in fiscal year 1962, supports the recommendations of the National Advisory Committee, and suggests that delay will only increase the cost. The year of decision is 1961.

**Everybody Benefits  
When Everybody Gives  
the UNITED Way**

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## 43 VD Outbreaks Noted; All Regions Represented

"Chain not completed yet—19 infections found . . ." "Eight cases of secondary syphilis." "New chains of infection have developed and been followed epidemiologically in at least five counties . . ." " . . . Fifty-one cases of primary and secondary syphilis traceable to the original cases reported by a private physician . . ." " . . . Little indication that the end is in sight. . . ."

State and city health officers used these phrases in reporting 43 outbreaks of venereal disease for the 8th Annual Joint Statement on Today's VD Control Problem.

"Outbreaks of venereal disease were reported by 25 states and 18 cities," according to the Statement. "Significantly, the areas reporting outbreaks are not confined to any particular region," the Statement reads, "but represent generally all parts of the country: North, South, East, West and Central; from Mobile, Ala., to Seattle, Wash., and from Los Angeles, Calif., to Paterson, N. J., with representation also from Iowa, Kansas, Michigan, and Ohio."

VD outbreaks are like "certain varieties of crab grass," the Statement observes. "The visible grass tuft is not complete in itself, but is linked to a vast system of rugged runners that extend subsurface to all parts of the area." The Statement notes, for example, a "single case of secondary syphilis" referred to a county health department led to the examination of 236 persons. Out of this group, 33 persons were infected, "17 early cases and 16 late latent."

The Statement shows that every case of early latent syphilis found is, "in effect, a measure of epidemiologic failure in past years. Every case found in the early latent stage, was not found in the primary-secondary stage, and has had up to four years to be 'shared' with others."

In several outbreaks the private physician played a pivotal role. One county health officer in reporting an outbreak said that "physician plus health department equals VD Control." Another noted that, "thanks to the cooperative efforts of the State Health Department and three dedicated private physicians, the whole web of infection was so quickly exposed that few of those infected had left the area."

## TEENAGE SYPHILIS OUTBREAK

### An Abridgement of a Report

By Norman B. Bredezen

During the past year, a Southwestern city syphilis epidemic, after a year of seeming quiescence, developed dramatically in a farm community which we shall call "Cottontown."

The epidemic involved 108 youngsters, of whom 17 were infectious or lesion cases, and an additional 5 with infections of less than six months' duration.

This sudden reassertion of the fact that syphilis is a highly communicable disease is ascribed to the promiscuity of a large group of teenagers, and to the dismal fact that, though most of them were high school students, few of them knew even the rudiments of social health.

Some of these youngsters were perambulating culture plates, virtually seeding their infection among their friends. One 14-year-old school girl apparently infected three of her gangling young "beaux."

**The virulence of this infection can be gauged by the fact that it occurred in an area that three months earlier had been pronounced "free of infectious syphilis."**

"Cottontown" is a Saturday Night Town, with the shoppers and fun seekers so thick on a summer evening that the dusty streets become broad promenades, and Main Street looks like a border fiesta. The 400 or so young males imported for the cotton harvest seem right at home here.

There is a certain ritual to the evening; first you attend the large, but makeshift, theater with its twin horror bill. Then, if you are a man, you saunter next door to the Whiskey Store and continue your travels to the Pool Hall on the corner.

The women follow the men out of the theater; complete their meager shopping; listen to a corner Evangelist, and then, in gossiping clusters, wait for their men to call it a night.

The only vital note in this humdrum scene is the restless, shoving, teenager. The unresigned teenagers who move in gangs from one smoky, raucous tavern to the next looking for something new, or interesting, or meaningful. The fact that this foredoomed search commonly leads to the back seat of a jalopy or the back room of a tavern is the real mark of their frustration.

**The thing that distinguishes "Cottontown" and its syphilis outbreak is that here, thanks to the cooperative efforts**

**of the State Health Department and three dedicated private physicians, the whole web of infection was so quickly exposed that few of those infected had left the area.**

The prompt reporting of the original case and the later examination and treatment of a number of referrals by these physicians made the rapid control of this epidemic possible.

A local physician exposed the first victim when he reported a suspicious rash on a routine prenatal case, 16-year-old Mae. Mae's blood test confirmed the clinical diagnosis of lesion syphilis.

(The health worker who interviewed Mae turned up two contacts. One was free of infection, the other, Tom, was infected.) Tom was popular. Tom was promiscuous, "Like I can't remember their names; like I can hardly remember their faces."

But he did remember many of those faces, and would signal the health worker with a quick rattle on the snare drum when one of them entered the tavern where he was playing. The owner easily identified them all.

The chain of infection led to some improbable quarters—to the High School, a migrant labor camp, the jail.

**We found little to characterize the youngsters caught in this sexual web of infection—other than their extreme youth. The youngest and most "virulently" infected was 14. The oldest was 24. The mean age was 19. This excludes a congenitally infected infant, treated along with his 14-year-old mother.**

There was little to mark this group from the rest of their contemporaries. All of them came from relatively impoverished homes, most of them were in school, and a proportionate number of them were living with their parents. They all seemed normal and well adjusted. The town offers nothing in the way of recreational facilities for young people. In a community as socially barren as this one, it may be the non-promiscuous teenager who is maladjusted.

An interviewer who traced the sex history of 93 of these kids found them, with one exception, free of any sense of guilt associated with promiscuity.

The Chief of Police established that these kids weren't considered delinquents. Only 4 of them had "records."

Sheer chance seemed to dictate which of these promiscuous kids got caught in the infected chain.



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AMERICAN SOCIAL HEALTH ASSOCIATION

## Social Health News

### TEN MILLION URGED TO COMBAT SYPHILIS RISE

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the "sharpest rise in early infectious syphilis ever reported within so short a time." The 1960 figures represent an 87% increase over 1958.

"The resurgence of syphilis points up a major public health problem," according to T. Lefoy Richman, Associate Executive Director, American Social Health Association, and author of the Statement. He stated that "the disease, once thought all but eliminated in the light of the quick penicillin cure, has demonstrated its presence in all parts of the country and among a wide variety of social groupings."

The total number of cases of early infectious syphilis reported in fiscal year 1960 was 12,471, as compared with 8,178 in fiscal 1959 and 6,661 in fiscal 1958. Four thousand, five hundred and eight cases were reported for the first quarter of fiscal year 1961.

The Statement shows 30 million people in the U. S. live in areas which are considered to have inadequate facilities and personnel for VD control and that an additional 346 trained personnel at an annual cost of \$3 million are needed for these areas.

The \$1.3 million scheduled for the "massive reduction program" would be utilized essentially for "increased casefinding, increased services to private physicians, and special assistance to the education effort of schools and voluntary agencies."

VD among teenagers and young adults continues to be a major problem, according to the Statement, especially in the 15-19 and 20-24 year age groups. "A year ago, 21 (major) cities reported increases in early infectious syphilis among the 15-19 year group; this year 31. A year ago, 25 (major) cities reported increases in early infectious syphilis in the 20-24 year age group; this year, 38."

State and City health officials contributing to the report gave a variety of reasons for the rising incidence of VD. Those most frequently cited were: "increase in population, particularly in transient population, the lag in VD program activity in the early fifties that gave the disease an epidemiologic advantage it still maintains, under-reporting that gave syphilis a chance to spread, lack of public VD education since the war and lack of VD education in the schools, physicians untrained to recognize symptoms allowing syphilis to go untreated, increase in the number of homosexuals complicating the control process, increase in promiscuous sex behavior, overall lowering of moral standards, health officials generally not aware of 'changing problem,' lack of discipline in the home, more freedom among young people, and tendency in clinics to treat the disease rather than the whole patient."

The sponsors of the report urged:

- 1) continued research in sex behavior, in the immunology of syphilis, and in the diagnosis of gonorrhea;
- 2) that the Federal Government continue and expand its practice of encouraging and assisting Universities, voluntary agencies, schools and health departments in the development of VD education materials and programs;
- 3) that the Joint Committee on Accreditation of Hospitals reinstate the requirement of blood tests on routine hospital admissions as an accrediting factor.

The Statement was the eighth issued by the sponsoring groups.

#### RICHMAN IS CO-ORDINATOR

(Continued from page 1)

of Medicine and Public Health, for the program of Research in Adolescent Behavior, and for development of the budget.

Before coming to ASHA, Mr. Richman was with the U. S. Public Health Service, Office of Program Promotion, Division of Special Health Services. Among the Division's programs were venereal disease control, tuberculosis, chronic disease, heart disease, and environmental health. Mr. Richman was in charge of program presentation at the various levels of approval in the Department of Health, Education and Welfare and of program promotion among health departments with services supported by the Division.

